

10mm/mV 25mm/sec 25Hz

BPL CARDIART 6188T



10mm/mV 25mm/sec 25Hz

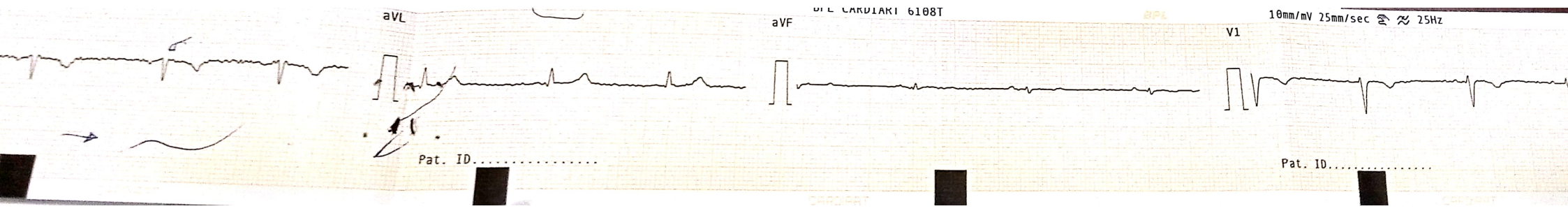
BPL CARDIART 6188T

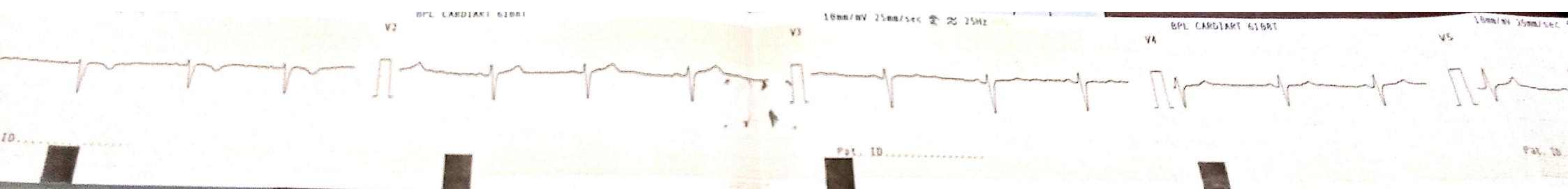


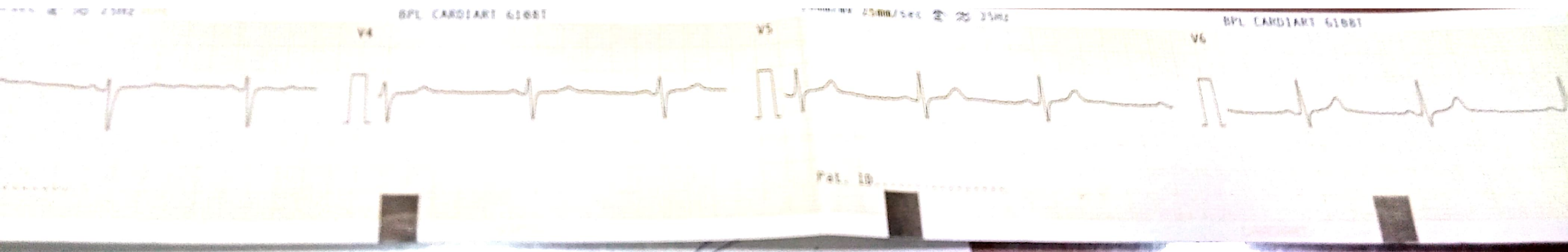
Pat. 10. Muskan Khatun 25/2/23

Handwritten notes in Hindi: 'डॉ. निराला अस्पताल', 'हृदय रोग विभाग', and a signature.

Pat. 10





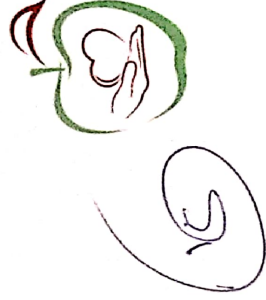


Dr. Nitin Agarwal

MD, DM (Cardiology)
Consultant Interventional Cardiologist
Cell : +91-94578 33777

Formerly at:

Escorts Heart Institute & Research Centre, Delhi
Dr. Ram Manohar Lohia Hospital, Delhi



APPLE
CARDIAC CARE

DR. NITIN AGARWAL'S HEART CLINIC

Neckles

उमर 21

Highly symptomatic

0 symptoms

25/4/23

110160

66/2

T- Troponin I

0.0

T- Creatinine 0.5 mg/dl

0

0

0

13mm

0



A-3, EKTA NAGAR, (OPP. CARE HOSPITAL) STADIUM ROAD, NEAR DELAPEER CHAURAHA, BAREILLY - 243 122 (U.P.)

OPD Timings : 12.00 Noon to 04.00 pm, Sunday : 12.00 Noon to 3.00 pm

संख्या लगाने के लिए फ़ोन करें : 09458888448, 07599031977

VALID FOR 5 DAYS.

पचास पाँच दिन के लिये मान्य





NAME	Mrs. NEELAM KUMARI	AGE/SEX	32 Y/F
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	25/02/2023

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

<u>MEASUREMENTS</u>	<u>VALUE</u>	<u>NORMAL DIMENSIONS</u>
LVID (d)	4.6	(3.7 –5.6 cm)
LVID (s)	2.6	(2.2 –3.9 cm)
RVID (d)	2.4	(0.7 –2.5 cm)
IVS (ed)	1.0	(0.6 –1.1 cm)
LVPW (ed)	1.0	(0.6 –1.1 cm)
AO	2.5	(2.2 –3.7 cm)
LA	3.3	(1.9 –4.0 cm)
<u>LV FUNCTION</u>		
EF	60	(54 –76 %)
FS	30	(25 –44 %)

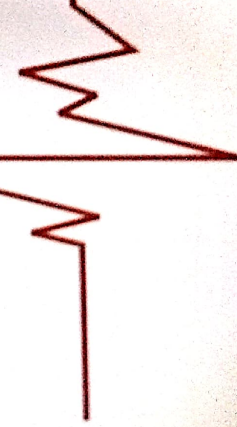
LEFT VENTRICLE : No regional wall motion abnormality
No concentric left Ventricle Hypertrophy

MITRAL VALVE : Thin, PML moves posteriorly during Diastole
No SAM, No Subvalvular pathology seen.
No mitral valve prolapse calcification .

TRICUSPID VALVE : Thin, opening wells. No calcification, No doming .
No Prolapse.
Tricuspid inflow velocity= 0.7 m/sec

AORTIC VALVE : Thin, tricuspid, opening well, central closer,
no flutter.
No calcification
Aortic velocity = 1.3 m/sec

PULMONARY VALVE : Thin, opening well, Pulmonary artery is normal
EF slope is normal.
Pulmonary Velocity = 0.9 m /sec



ON DOPPLER INTERROGATION THERE WAS :

- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

MITRAL FLOW E= 0.8 m/sec A= 0.6 m/sec

ON COLOUR FLOW:

- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

COMMENTS:

- No LA /LV clot
- No pericardial effusion
- No intracardiac mass
- IAS/IVS Intact
- Inferior vena cava – normal in size with normal respiratory variation

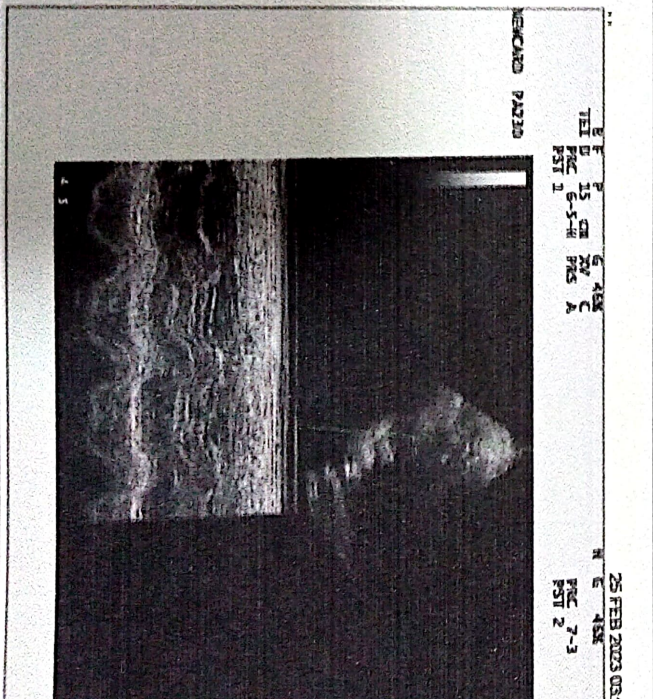
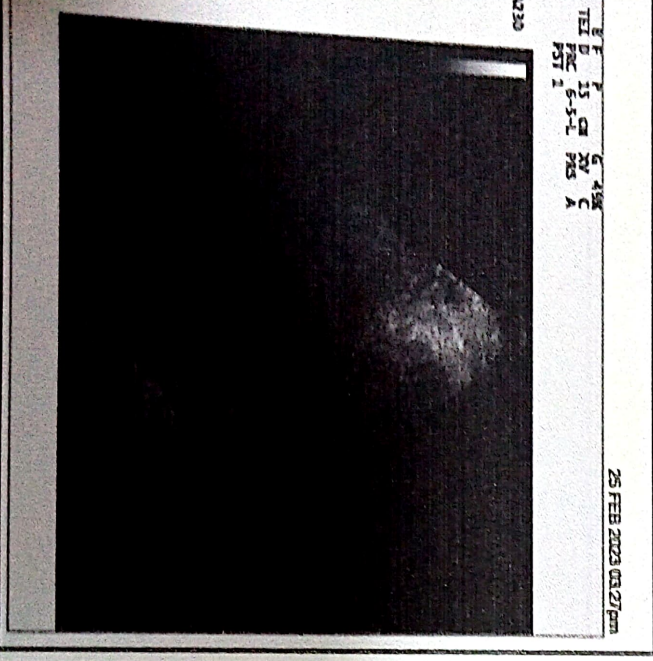
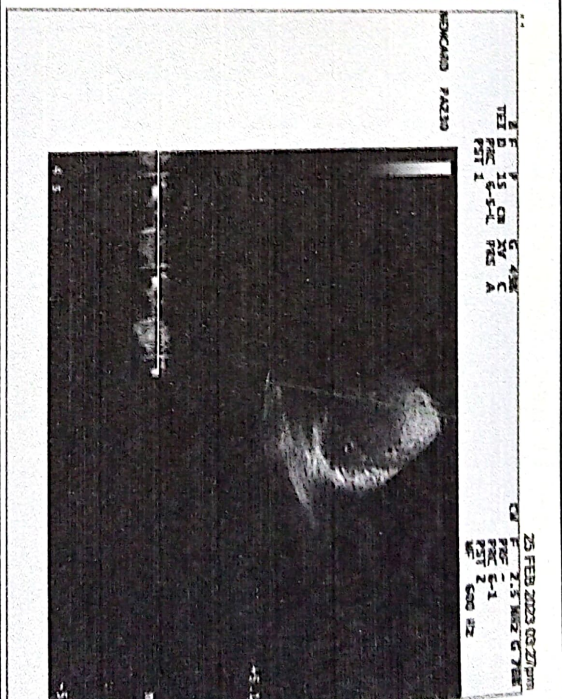
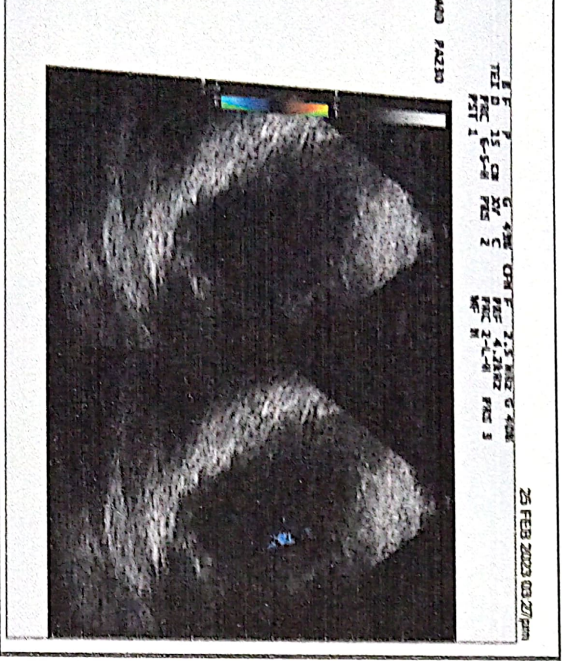
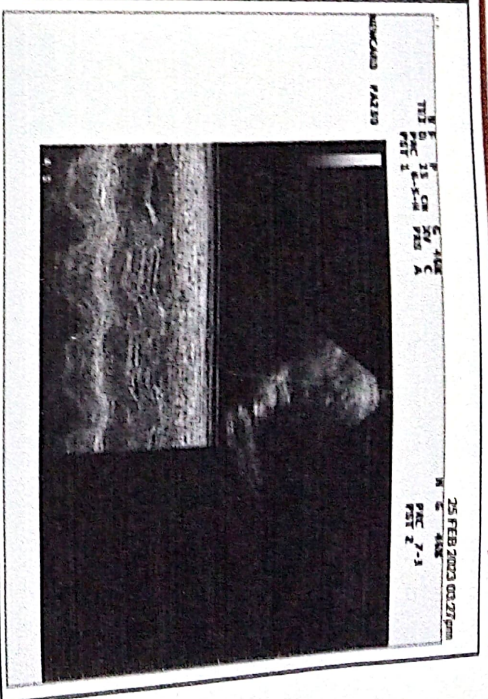
FINAL IMPRESSION

- NO REGIONAL WALL MOTION ABNORMALITY
- NORMAL LV DIASTOLIC FUNCTION
- NORMAL LV SYSTOLIC FUNCTION (LVEF~60%)
- NORMAL CARDIAC CHAMBER DIMENSIONS
- NORMAL VALVULAR COLOUR FLOW PATTERN



DR.NITIN AGARWAL
DM (Cardiology)
Consultant Cardiologist

This opinion is to be correlated with the clinically findings and if required, please re-evaluate / re-evaluate with further investigation.





NAME:	: NEELAM KUMARI	Patient ID.:	: 343199
Age/Gender:	: 32 Y/Female	Registered:	: 25/Feb/2023 10:20AM
Lab NO:	: 012302250039	Reported:	: 25/Feb/2023 01:09PM
BarcodeNo.:	: 10394663	Report STATUS:	: Final
Ref Doctor	: Dr. NITIN AGARWAL CARDIO		

DIGITAL MAMMOGRAPHY BOTH BREASTS

TECHNIQUE: - MLO & CC views were taken.

FINDINGS:-

RIGHT BREAST:-

Breast composition:- ACR category 3

Mass lesion:- Absent.

Asymmetry:- Absent.

Architectural distortion:- Absent.

Calcification:- Absent.

Associated feature (Skin-nipple retraction, skin thickening, trabecular thickening, axillary adenopathy):- Absent

LEFT BREAST:-

Breast composition:- ACR category 3

Mass lesion:- Present in upper and inner quadrant, size 12 x 7mm.

- **Shape:-** round.
- **Margins:-** well defined.
- **Density:-** high density.

Asymmetry:- Absent.

Architectural distortion:- Absent.

Calcification:- Absent.

Associated feature (Skin-nipple retraction, skin thickening, trabecular thickening, axillary adenopathy):- Absent.

USG correlation shows a well defined heteroechoic lesion in subcutaneous planes of left parasternal region at 11'O clock position. No obvious vascularity is seen....Likely benign epidermal inclusion cyst.

OPINION:

- **RIGHT BREAST.....BI-RADS I CATEGORY (NEGATIVE).**
- **LEFT BREAST- BI-RADS II CATEGORY (LIKELY BENIGN).**

ADVISED: CLINICAL CORRELATION.

Thanks for referral.

*** End Of Report ***

Tests Requested: USG Whole Abdomen SINGLE VIEW MAMMOGRAM BOTH BREAST



Dr. Mohit Agarwal
MBBS, MD (Radiodiagnosis)
Consultant Radiologist
Ex-Safdarjung Hospital & VMMC, New Delhi

Dr. Iram Pasha

Dr. Iram Pasha
MBBS, MD (Radiodiagnosis)
Ex-SGPGI, Lucknow
Consultant Radiologist.

This report is provided for medical/legal purposes only. For Authentication kindly scan QR code. If there is a variance clinically this examination may be repeated or reevaluated by other investigations. If test results are alarming or find any typographical error then contact the laboratory immediately for possible remedial action.





NAME:	: NEELAM KUMARI	Patient ID.:	: 343199
Age/Gender:	: 32 Y/Female	Registered	: 25/Feb/2023 10:20AM
Lab NO:	: 012302250039	Reported	: 25/Feb/2023 12:20PM
BarcodeNo.:	: 10394663	Report STATUS:	: Final
Ref Doctor	: Dr. NITIN AGARWAL CARDIO		

ULTRASOUND WHOLE ABDOMEN

TECHNIQUE: - Real time trans-abdominal sonographic images were obtained in multiple projections.

FINDINGS:-

LIVER is normal in size and echotexture. No surface nodularity/focal lesion are seen. Intrahepatic biliary radicals are not dilated. Portal vein is normal in diameter.

GALL BLADDER is well distended and normal in wall thickness. No gallbladder sludge seen. No evidence of any mass or calculus is seen. No pericholecystic fluid is seen. Sonographic Murphy sign is absent. Common bile duct is normal in calibre.

PANCREAS: The pancreatic head and proximal body are imaged and are normal in size and echotexture. No focal lesion is seen. The distal pancreatic body and tail are obscured by overlying bowel gas.

SPLEEN is normal in size & echotexture. No focal lesion is seen.

BOTH KIDNEYS are normal in anatomical location, size and outline. Parenchymal-cortical thickness and echogenicity are normal. The corticomedullary differentiation is maintained. No obvious calculus or hydronephrosis is seen. Perirenal spaces appear normal.

URINARY BLADDER appears well distended, contents are echofree. Walls are smooth and normal in wall thickness. No calculus or mass lesion seen within the bladder or at UV junctions.

UTERUS is normal in size, outline and normal in position, not low lying. Myometrial echotexture is normal. No evidence of any focal/diffuse lesion in myometrium is seen.

ENDOMETRIAL echo-complex is central in position & regular in outline measuring approx. **9mm** in thickness. No collection is seen in the endometrial canal.

OVARIES & ADNEXA Both ovaries appear normal in size and echopattern.

Both adnexa are clear. No adnexal mass is seen on either side. No free fluid is seen in cul-de-sac. No ascites is seen. **Bowel loops** grossly appear normal.

IMPRESSION:

- No significant abnormality is seen in the present scan.

ADVISED: - CLINICAL & LAB CORRELATION.

Thanks for referrals

*** End Of Report ***

Tests Requested: USG Whole Abdomen, SINGLE VIEW, MAMMOGRAM BOTH BREAST



Dr. Mohit Agarwal
 MBBS, MD (Radiodiagnosis)
 Consultant Radiologist
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DIGITAL X-RAY CHEST (PA VIEW)

TECHNIQUE: - PA VIEW

FINDINGS:-

Both the lung fields appear clear. No focal lesion seen.

Both domes of diaphragm and CP angles appear normal.

Trachea appears central.

Both hila appear normal.

CT ratio is within normal limits.

PLEASE CORRELATE CLINICALLY.

Thanks for referrals



*** End Of Report ***

Tests Requested:USG Whole Abdomen,SINGLE VIEW,MAMMOGRAM BOTH BREAST

Result Awaited:,MAMMOGRAM BOTH BREAST



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Consultant Radiologist
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Corporate Office:- F 1902, Sunshine, Sector 78, Noida (U.P.)





Apple Cardiac Care
 Aka Nagar, Stadium Road,
 Apple Care Hospital,
 Bareilly - 243 122 (U.P.) India
 Tel. : 07599031977, 09458888448



APPLE
PATHOLOGY
 TRUSTED RESULT

Reg. NO. : 114
 NAME : Mrs. NEELAM KUMARI
 REFERRED BY : Dr. Nitin Agarwal (D.M)
 SAMPLE : BLOOD

DATE : 25/02/2023
 AGE : 32 Yrs.
 SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
GLYCOSYLATED HAEMOGLOBIN	6.1		

EXPECTED RESULTS :

Non diabetic patients : 4.0% to 6.0%
 Good Control : 6.0% to 7.0%
 Fair Control : 7.0% to -8%
 Poor Control : Above 8%

***ADA: American Diabetes Association**
 The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination. ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

METHOD : ADVANCED IMMUNO ASSAY.
BLOOD GROUP
 Blood Group : A
 Rh : POSITIVE

BIOCHEMISTRY
 Gamma Glutamyl Transferase (GGT) : 24 U/L 11-50

BLOOD UREA NITROGEN : 16 mg/dl. 5 - 25
 SERUM CREATININE : 0.7 mg/dl. 0.5-1.4

URIC ACID : 6.5 mg/dl 3.0-6.0

CLINICAL SIGNIFICANCE:

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.

Report is not valid for medicolegal purpose

Reg.NO. : 114
NAME : **Mrs. NEELAM KUMARI**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **25/02/2023**
AGE : 32 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
SERUM SODIUM (Na)	138	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.6	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.0	mg/dl	8.5 - 10.5
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL	0.8	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.3	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	6.6	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	2.4	Gm/dL	2.3 - 3.5
A : G Ratio	1.75		0.0-2.0
SGOT	17	IU/L	0-40
SGPT	10	IU/L	0-40
SERUM ALK.PHOSPHATASE	61	IU/L	00-115

NORMAL RANGE : BILIRUBIN TOTAL

Premature infants. 0 to 1 day: <8 mg/dL Premature infants. 1 to 2 days: <12 mg/dL Adults: 0.3-1 mg/dL.

Premature infants. 3 to 5 days: <16 mg/dL Neonates, 0 to 1 day: 1.4-8.7 mg/dL

Neonates, 1 to 2 days: 3.4-11.5 mg/dL Neonates, 3 to 5 days: 1.5-12 mg/dL Children 6 days to 18 years: 0.3-1.2 mg/dL

COMMENTS--

Total and direct bilirubin determination in serum is used for the diagnosis, differentiation and follow -up of jaundice. Elevation of SGPT is found in liver kidney diseases such as infectious or toxic hepatitis, IM and cirrhosis. Organs rich in SGOT are heart, liver and skeletal muscles. When any of these organs are damaged, the serum SGOT level rises in proportion to the severity of damage. Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis, biliary obstructions, hyperparathyroidism, steatorrhea and bone diseases.

Report is not valid for medicolegal purpose

Reg.NO. : 114
NAME : **Mrs. NEELAM KUMARI**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **25/02/2023**
AGE : 32 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIPID PROFILE			
SERUM CHOLESTEROL	318	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	223	mg/dl.	30 - 160
HDL CHOLESTEROL	45	mg/dL.	30-70
VLDL CHOLESTEROL	44.6	mg/dL.	15 - 40
LDL CHOLESTEROL	228.40	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	7.07	mg/dl	
LDL/HDL CHOLESTEROL RATIO	5.08	mg/dl	

INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

URINE EXAMINATION

Report is not valid for medicolegal purpose



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 NAME : Mrs. NEELAM KUMARI
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : 25/02/2023
 AGE : 32 Yrs.
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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		
BIOCHEMICAL EXAMINATION			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil
MICROSCOPIC EXAMINATION			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	2-3	/H.P.F.	
Epithelial Cells	3-5	/H.P.F.	
Crystals	NIL		NIL
Casts	NIL	/H.P.F.	
Bacteria	NIL		
Other	NIL		

Report is not valid for medicolegal purpose



Reg NO. : 114
NAME : Mrs. NEELAM KUMARI
REFERRED BY : Dr Nitesh Agarwal (D.M.)
SAMPLE : BLOOD

DATE : 25/02/2023
AGE : 32 Yrs.
SEX : FEMALE

TEST NAME

RESULTS

UNITS

BIOLOGICAL REF. RANGE

Shweta

--(End of Report)--

Dr. Shweta Agarwal, M.D.
(Pathologist)